

<div style="display: flex; justify-content: space-between;"><div style="writing-mode: vertical-rl; transform: rotate(180deg);">PATENT APPLICATION TRANSMITTAL</div><div>UTILITY</div></div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">PATENT APPLICATION TRANSMITTAL</div> <div style="font-size: 0.8em;">For new nonprovisional applications under 37 CFR 1.53(b)</div>		Attorney Docket No.	2000-0356	Total Pages																									
		First Named Inventor or Application Identifier																											
		Joseph Thomas O'Neil																											
		Express Mail Label No.	EL618317271US																										
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231																											
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(submit an original, and a duplicate for fee processing)</small></div> <div>2. <input checked="" type="checkbox"/> Specification [Total Pages 30] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings(if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>3. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 17]</div> <div>4. Oath or Declaration [Total Pages2]<div style="margin-left: 20px;"><div>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application(37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> [Note Box 5 below]</div><div>c. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small></div></div><div>5. <input type="checkbox"/> Incorporation by reference(useable if Box 4b is checked) <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.</small></div></div>		<div>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</div> <div>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Computer Readable Copy</div><div>b. <input type="checkbox"/> Paper Copy(identical to computer copy)</div><div>c. <input type="checkbox"/> Statement verifying identity of above copies</div></div></div> <div style="text-align: center; font-weight: bold; margin-top: 10px;">ACCOMPANYING APPLICATION PARTS</div> <div>8. <input checked="" type="checkbox"/> Assignment Papers(cover sheet & document(s))</div> <div>9. <input type="checkbox"/> 37 CFR 3.73(b)Statement <input type="checkbox"/> Power of Attorney</div> <div>10. <input type="checkbox"/> English Translation Document (if applicable)</div> <div>11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement(IDS)/PTO-1449 Citations</div> <div>12. <input type="checkbox"/> Preliminary Amendment</div> <div>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div> <div>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired</div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div> <div>16. <input type="checkbox"/> Other :</div>																											
<div>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior Application No:</div>																													
18. CORRESPONDENCE ADDRESS																													
<div style="display: flex; align-items: center;"><div><input type="checkbox"/> Customer Number or Bar Code Label</div><div style="border: 1px solid black; flex-grow: 1; text-align: center; padding: 5px;">(Insert Customer No. or Attach bar code label here)</div><div style="margin-left: 20px;">or <input checked="" type="checkbox"/> Correspondence address below</div></div>																													
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 15%;">NAME</td><td colspan="5">Samuel H. Dworetzsky</td></tr><tr><td>ADDRESS</td><td colspan="5">AT&T CORP. P.O. Box 4110</td></tr><tr><td>CITY</td><td>Middletown</td><td>STATE</td><td>New Jersey</td><td>ZIP CODE</td><td>07748-4110</td></tr><tr><td>COUNTRY</td><td colspan="3">United States of America</td><td>FAX</td><td>732-368-6932</td></tr></table>						NAME	Samuel H. Dworetzsky					ADDRESS	AT&T CORP. P.O. Box 4110					CITY	Middletown	STATE	New Jersey	ZIP CODE	07748-4110	COUNTRY	United States of America			FAX	732-368-6932
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19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED																													
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 60%;">NAME</td><td>Michele L. Conover</td><td style="width: 10%;">Reg. #</td><td colspan="3">34962</td></tr><tr><td>TELEPHONE</td><td colspan="5">908-221-5773</td></tr><tr><td>SIGNATURE</td><td colspan="2"></td><td>DATE</td><td colspan="2">Dec. 6, 2000</td></tr></table>						NAME	Michele L. Conover	Reg. #	34962			TELEPHONE	908-221-5773					SIGNATURE			DATE	Dec. 6, 2000							
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<div style="display: flex; justify-content: space-between;"><div>"Express Mail" Mailing Label Number EL618317271US</div><div>Date of Deposit 12/06/00</div></div> <div style="margin-top: 10px;">I hereby certify that this application is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington D.C. , 20231</div> <div style="text-align: center; margin-top: 20px;"><div>Ann E. Taylor</div><div>(Printed Name of Person Mailing Paper)</div><div></div><div>(Signature of Person Mailing Paper)</div></div>																													

FEE TRANSMITTAL

Patent Fees are subject to annual revision on October 1

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity Statement, otherwise, large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT \$1184.00**Complete if Known**

Application Number

Filing Date

First Named Inventor

Joseph Thomas O'Neil

Examiner Name

Group/Art Unit

Attorney Docket No.

2000-0356

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745
Deposit Account Name AT&T CORP.☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance2. ☐ Payment Enclosed☐ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	710	Utility Filing Fee	\$710.00
106	320	Design Filing Fee	
107	480	Plant Filing Fee	
108	710	Reissue Filing Fee	
114	150	Provisional Filing Fee	

SUBTOTAL (1) \$710.00**2. CLAIMS**☐ New Filing☐ Amendment

	Total	33	-	20	=	Extra Claims	x	Fee from below	=	Fee Paid
						13		18		\$234.00
						3		80		\$240.00
						0				\$0.00

Multiple Dependent Claims

Large Fee Code	Entity Fee(\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent Claims in excess of 3
104	270	Multiple Dependent Claims
109	80	Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$474.00**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1840*	Requesting publication of SIR after to Examiner action	
115	110	Extension for reply within first month	
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1390	Extension for reply within fourth month	
128	1890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1240	Petition to revive - unintentional	
142	1240	Utility issue fee (or reissue)	
143	440	Design issue fee	
144	580	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property(times number of properties)	
146	710	Filing a submission after final rejection(37 CFR 1.129(a))	
149	710	For each additional invention to be examined (37 CFR 1.129(b))	
		Other fee (specify)	
		Other fee (specify)	

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3)**SUBMITTED BY**

Typed or Printed Name Michele L. Conover

Complete (if applicable)

Reg. Number 34962

Signature

Michele L. Conover

Date

12/06/00

Deposit Account User ID